

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST MARION SUPERVISED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>145 LUKIN STREET MARION, NC 28752</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual, follow up and complaint survey was completed on 9/29/23. The complaint was unsubstantiated (# NC207053). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:	V 114		

DHSR - Mental Health  
OCT 28 2023  
Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	Continued From page 1  Review on 9/29/23 of fire drills revealed: -There was no documentation of fire drills having been conducted on 1st shift (first part of the week shift) in the quarter from October-December 2022. -There was no documentation of fire drills having been conducted on 2nd shift (second part of the week shift) in the quarter from January-March 2023, April-June 2023.  Review on 9/29/23 of disaster drills revealed: -There was no documentation of disaster drills having been conducted on 1st shift (first part of the week shift) in the quarter from January-March 2023, April-June 2023 or October-December 2022. -There was no documentation of disaster drills having been conducted on 2nd shift (second part of the week shift) in the quarter from October-December 2022.  Interview on 9/29/23 with the Director and the Qualified Professional revealed: -Facility staffing was 24-hour shifts. -They were aware the drills had not been completed. -They would create a schedule for both live-in staff to follow.	V 114	All group home staff have been retrained on how to run the emergency plans and supplies appropriately. Group home staff were trained to document the fire and disaster drills properly. Staff acknowledged that there needs to be a fire and disaster drill every quarter for each shift. Administrative staff detailed the training and stated there needs to be one fire drill and one disaster drill done by each employee every quarter.  Every quarter, the QP and group home supervisor will review the emergency plan information and fire and disaster drill reports to ensure they are completing them correctly.	Implementation date 08/15/2023	Implementation date of 09/01/2023
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by	V 118			

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V 118	<p>Continued From page 2</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Record review on 9/29/23 for Client #1 revealed: -Date of admission- 11/1/19. -Diagnoses-Mild Intellectual Developmental Disability, Type I Diabetes, Schizoaffective Disorder, Hyperlipidemia, Hypertension, Parkinson's, Chronic Obstructive Pulmonary Disease. Physician ordered medications dated 5/15/23 included: -Metformin 500mg (milligrams) (diabetes) - 2</p>	V 118	<p>All Group Home Clients have been transitioned to electronic MAR and medication administration documentation with chart meds in order to prevent missing orders added after the start of the month.</p> <p>On Monday of every week, the RN or another Chartmeds administrator (in the RN's absence) will run a report to check and see if all medications have been documented as given.</p> <p>In the event of missed medications or medication administration not documented, the RN will investigate the cause and ensure medications are administered as ordered.</p>	<p>Electronic MARs implemented on 09/01/2023</p> <p>Weekly documentation checks started 09/01/2023 and is on-going.</p>
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V 118	<p>Continued From page 3</p> <p>tablets twice daily. -Mucus Relief 400mg (mucus thinner)- 3 tablets every 12 hours. -Carbidopa-levodopa 25-100mg (Parkinson's)- 1 tablet 4 times a day. -Diclofenac Sodium topical (anti-inflammatory)- Apply 4 grams to affected knee 4 times a day. -Budesonide 1mg (asthma) -use 1 vial in nebulizer twice daily. -Albuterol Sulfate 0.63mg (bronchodilator) -use 1 vial in nebulizer 3 times a day and PRN (as needed). -Asenapine 10mg (schizophrenia)- 1 capsule under tongue twice daily. -Zolpidem 10mg (sedative)- 1 tab at bedtime.</p> <p>Review on 9/29/23 of July-September 2023 MARs revealed: -Metformin was blank 7/6/23 am dose, 8/31/23 pm dose. -Mucus Relief was blank 7/3/23 and 7/6/23 am doses and 8/31/23 pm dose. -Carbidopa-levodopa was blank 7/31/23 noon dose. -Diclofenac Sodium topical was blank 7/23/23 for 8pm dose and 7/31/23 noon dose. -Budesonide was blank 7/12/23 4pm dose and 8/11/23 4pm dose. -Albuterol Sulfate was blank 7/1/23 and 7/2/23 for 8am, 4pm and 8pm doses. -Asenapine was blank 7/12/23 4pm dose. -Zolpidem was blank 7/12/23, 7/17/23, 7/29-7/31/23. (5 doses)</p> <p>Record review on 9/29/23 for Client #2 revealed: -Date of admission- 7/28/21. -Diagnoses- Mild Intellectual Developmental Disability, Diabetes, Paranoid Schizophrenia, Bipolar, Nicotine Dependence, Alcohol</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Dependence. Physician ordered medications dated 5/15/23 included: -Haloperidol 10mg (antipsychotic) - 1 tablet in the AM and 1 tablet midday.</p> <p>Review on 9/29/23 of July-September 2023 MARs revealed: -Haloperidol was blank on 8/26/23 at noon dose.</p> <p>Interview on 9/29/23 with Client #1 revealed: -"Sometimes I get the wrong medicine." -"Get me out of here."</p> <p>Interview on 9/29/23 with Client #2 revealed: -"Get medications morning and night right on time."</p> <p>Interview on 9/29/23 with Staff #1 revealed: -He passed medications on time. -"[Client #1] is a typical 70 year old man; Mr. doom and gloom." He and Client #1 had a special bond. "He (Client #1) takes stories and stretches them."</p> <p>Interview on 9/29/23 with Staff #2 revealed: -"[Client #1] was a character; an ornery old grandpa. He lies a lot and is sneaky." Had to watch Client #1 use his nebulizer and take his medications. "He always complains."</p> <p>Interview on 9/27/23 with the Qualified Professional revealed: -Client #1 doesn't tell the truth. He got the right medication; he just doesn't like to take it all the time. He tells his guardian the same thing. -Was also a Registered Nurse and responsible for medication training staff. -"One hundred percent sure clients got their</p>	V 118		

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V 118	Continued From page 5  meds" for those not documented on MARs. She completed reviews and counts at the end of the cycle and there had been no extra medications. -Had previously talked to the same couple of staff regarding their documentation on the MARs. -Licensee recently purchased an electronic MAR system which she hoped would remind staff to document correctly.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		